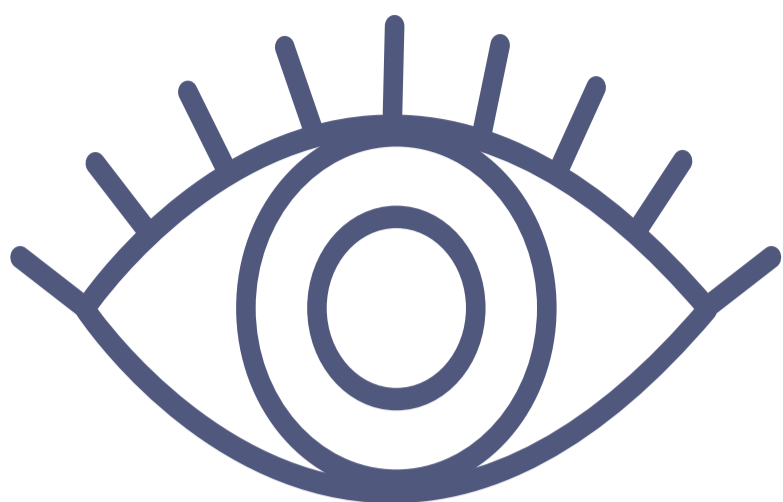


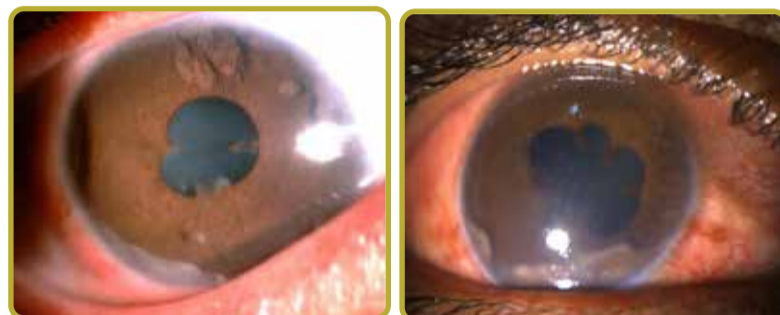


Standard Treatment Workflow (STW) for the Management of INTRAOCULAR TUBERCULOSIS ICD-10-A18.3



When to suspect	Refer to Ophthalmologist for detailed examination
Ocular Symptoms <ul style="list-style-type: none"> • Blurred vision • Redness • Photophobia • Pain in the eye • Floaters • Flashes of lights 	Eye Care facility should have: Mandatory: Slit lamp, ophthalmoscope (direct or indirect), intraocular pressure assessment device Preferred: Fundus camera, Fundus fluorescein angiogram(FFA), Optical Coherence Tomography (OCT)

Granulomatous anterior uveitis



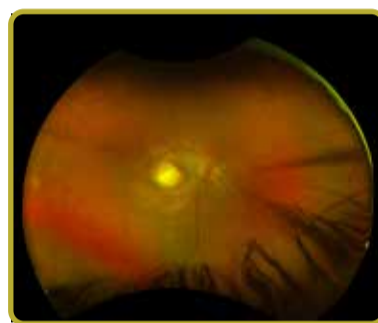
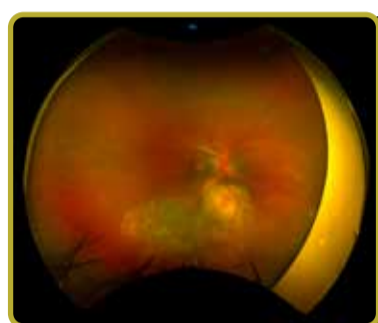
Examination of the eyes

Clinical signs <ul style="list-style-type: none"> • Assess visual acuity • Anterior chamber cells, Keratic precipitates, Synechiae, Irregular pupil, RAPD • Complicated cataract, high or very low intraocular pressure • Vitritis, Pars plana exudates, Retinal vasculitis, Retinitis, Choroiditis, Optic nerve head swelling

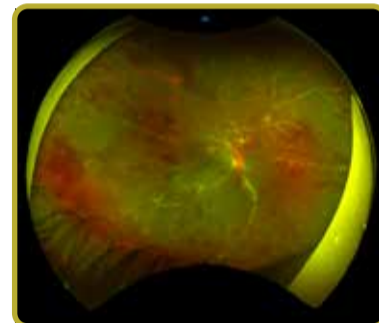
Intermeditate uveitis



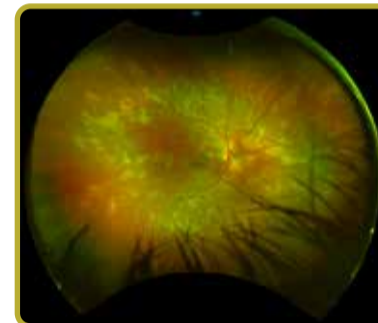
Panuveitis/Posterior uveitis



Retinal vasculitis



Choroiditis



INVESTIGATIONS

Essential: CXR for healed/active pulmonary TB	Desirable: Mantoux Test (standardised tuberculin units): 10 mm induration considered positive	Optional: CT Chest (if available) for healed/active pulmonary TB	Imaging of eye: Ascertaining diagnosis, extent of disease & follow up, teleconsultation		
Investigations to rule out other causes of clinical presentation			Retinal photographs using fundus camera	Optical coherence tomography scans (if available)	Fluorescein angiograms (if available)

MANAGEMENT

TREATMENT

- **ATT** : 2 months of RHEZ + 7 months of RH depending on clinical response & side effects to treatment
- Add pyridoxine 10 mg/day
- **Corticosteroids** : Topical steroids eye drops for severe/anterior chamber inflammation
- For treatment in children refer to paediatrician
- Systemic corticosteroids for severe inflammation in consultation with Uveitis expert

REFERRAL TO HIGHER CENTRE

- Not confident to treat
- Vision threatening
- Non-response to treatment
- Side effects due to treatment
- Atypical reaction

MONITORING AND FOLLOW UP

- **Frequency of follow up:** 1-2 weeks in 1st month followed by monthly for 3 months & then 3 monthly
- **Eye:** Clinical grading of inflammation using fundus photographs & OCT scans (if available)
- **Steroids:**
 - › **Topical:** Monitor IOP, cataract and any signs of bacterial/ fungal infection
 - › **Systemic steroids:** Monitor body weight, blood sugar & blood pressure

ABBREVIATIONS

ATT: Antitubercular treatment	IOP: Intraocular pressure	OCT: Optical coherence tomography
E: Ethambutol	R: Rifampicin	Z: Pyrazinamide
H: Isoniazid	RAPD: Relative Afferent Pupillary Defect	

REFERENCES

1. Agrawal R, et al.; Collaborative Ocular Tuberculosis Study Consensus Group. Collaborative Ocular Tuberculosis Study Consensus Guidelines on the Management of Tubercular Uveitis-Report 1: Guidelines for Initiating Antitubercular Therapy in Tubercular Choroiditis. *Ophthalmology*. 2021 Feb;128(2):266-276. doi: 10.1016/j.ophtha.2020.01.008. Epub 2020 Jan 11. PMID: 32115264.
2. Agrawal R, et al.; Collaborative Ocular Tuberculosis Study Consensus Group. Collaborative Ocular Tuberculosis Study Consensus Guidelines on the Management of Tubercular Uveitis-Report 2: Guidelines for Initiating Antitubercular Therapy in Anterior Uveitis, Intermediate Uveitis, Panuveitis, and Retinal Vasculitis. *Ophthalmology*. 2021 Feb;128(2):277-287. doi: 10.1016/j.ophtha.2020.06.052. Epub 2020 Jun 27. PMID: 32603726.